longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

(Print or Type	e Responses)														
Name and Address of Reporting Person* Vazzano Joseph Walter				2. Issuer Name and Ticker or Trading Symbol AVENUE THERAPEUTICS, INC. [ATXI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O AVENUE THERAPEUTICS, INC., 2 GANSEVOORT STREET, 9TH FLOOR			NC., 2	3. Date of Earliest Transaction (Month/Day/Year) 06/03/2019					X	X_Officer (give title below) Other (specify below) Chief Financial Officer				w)	
(Street) NEW YORK, NY 10014			4	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	<u> </u>			Table I - Non-Derivative Securities Acqu					Acquired,	uired, Disposed of, or Beneficially Owned					
1.Title of Sec (Instr. 3)	Title of Security nstr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed 3. Tran Execution Date, if Code			(A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(A) or Disposed of (D) (Instr. 3, 4 and 5)		Transaction(s) (Instr. 3 and 4)			Ownership Form: of Indire Benefic	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: R	eport on a sep	parate line for each	class of securities be	eneficially	owne	ed direct	tly or	Persons	s who respond						1474 (9-02)
Reminder: R	eport on a se	parate line for each o		Derivativ	ve Sec	urities .	Acqui	Persons in this f a currer ired, Dispo	orm are not re ntly valid OMB sed of, or Benef	quired to recontrol nu	espond ι ımber.				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transact Code	ve Sec s, calls 5 tion o S	urities . s, warra	Acquiants, oper ative es d (A) osed	Persons in this f a currer ired, Dispo options, co	orm are not re ntly valid OMB sed of, or Benef ercisable and Date	quired to recontrol nu	espond umber. ed Amount	8. Price of		f 10. Owners: Form of Derivati Security Direct (i	11. Naturof Indire Benefic Owners: (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transact Code	ve Sec s, calls 5 tion o S	urities s, warra i. Numb of Deriving Gecurities Acquirect or Dispo of (D) Instr. 3,	Acquiants, oper ative es d (A) osed	Persons in this f a currer ired, Dispo options, core 6. Date Exc Expiration	orm are not rently valid OMB sed of, or Benefinvertible securiterisable and Date y/Year) Expiration	quired to r control nu icially Own ies) 7. Title and of Underlyi Securities	espond umber. ed Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Owners: Form of Derivati Security Direct (i	11. Nature of Indirection of Section 11. Nature of Indirection of

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Vazzano Joseph Walter C/O AVENUE THERAPEUTICS, INC. 2 GANSEVOORT STREET, 9TH FLOOR NEW YORK, NY 10014			Chief Financial Officer			

Signatures

/s/ Joseph Vazzano	06/05/2019
**Signature of Reporting Person	Date

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Each RSU represents the right to receive one share of common stock of Avenue Therapeutics, Inc. The RSUs vest upon the earliest to occur of the following: (i) Grantee's death or disability; (ii) a change in control of Avenue Therapeutics, Inc.; or (iii) the Second Stage Closing with InvaGen.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.	
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